

Office of Youth and  
Community Restoration  
**Re-envisioning  
Juvenile Justice  
through a Health-  
Based Lens**

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FMHAC Conference

April 6, 2023





Juvenile Justice in  
California



Research  
Informing Practice



Redesigning Youth  
Justice



About OYCR and  
Current Challenges



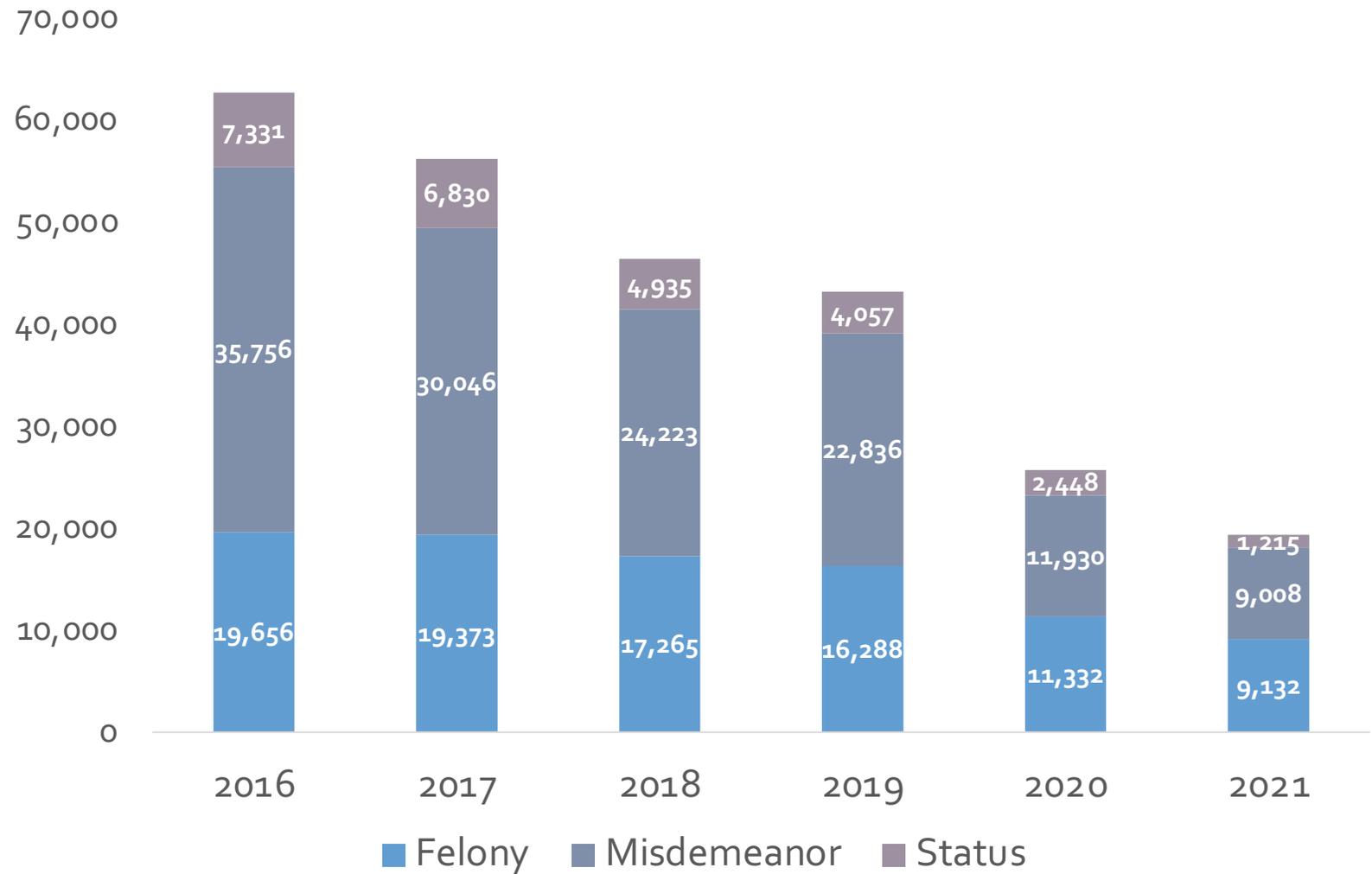
The Opportunity  
of this Moment

# Today's Discussion

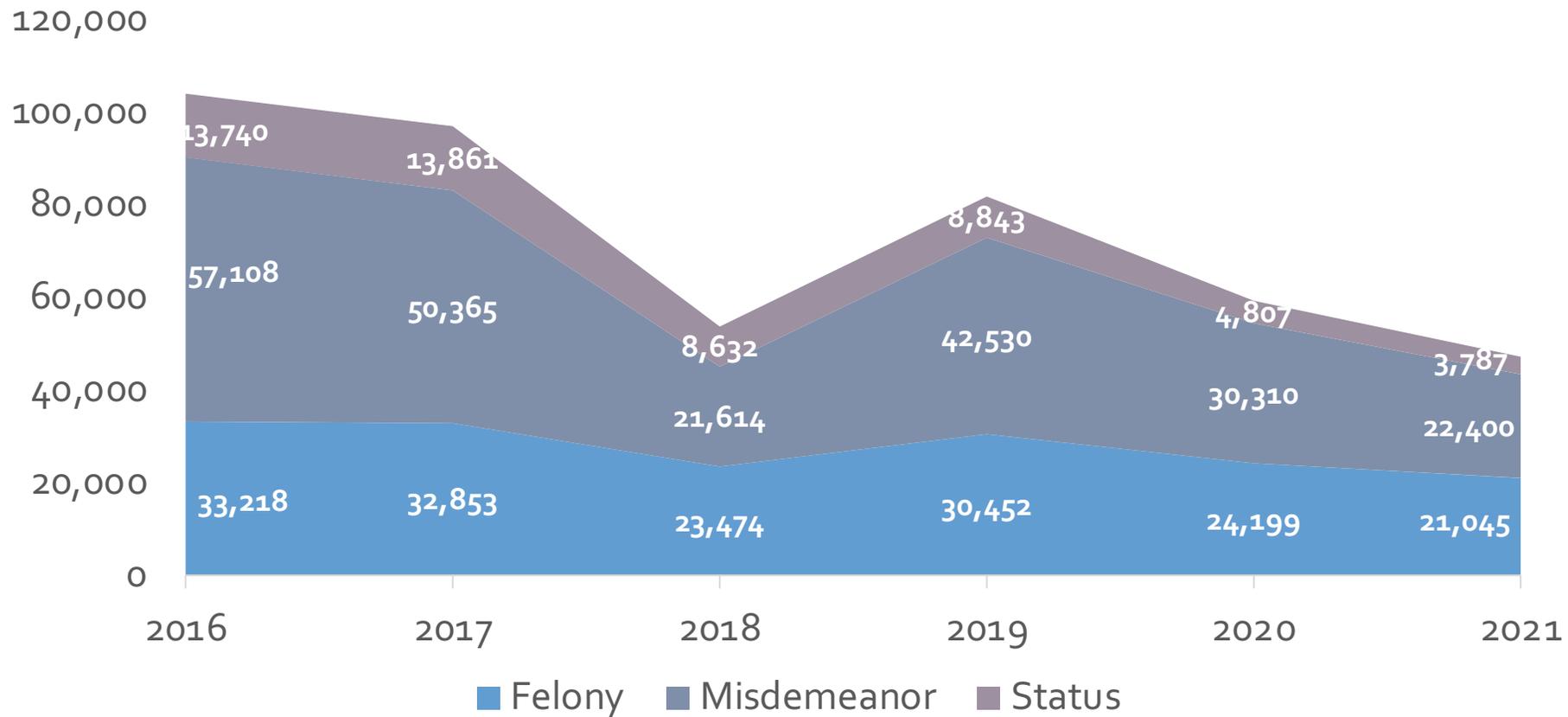


# Juvenile Justice in California

# Juvenile Arrest Rates in California 2016-2021\*



- \*California, Office of the Attorney General. (2010). Juvenile justice in California 2016-2021 [Series]. See <https://oag.ca.gov/cjsc/pubs#juvenileJustice>
- Data from Monthly Arrest and Citation Register (MACR) database. If a person is arrested for multiple offenses, the MACR selects only the most serious offense based on the severity of possible punishment.



# Juvenile Rates of Referrals to Probation in California 2016-2021\*

- \*California, Office of the Attorney General. (2010). Juvenile justice in California 2016-2021 [Series]. See <https://oag.ca.gov/cjsc/pubs#juvenileJustice>
- Data from Juvenile Court and Probation Statistical System (JCPSS) database.

# Intersection of Child Welfare and Juvenile Justice

- Dually Involved Youth: Youth who have interacted with both the child welfare and juvenile justice systems
- Many youth referred to probation have also had contact with child welfare
- For example, 83% of justice involved youth in LA county had first been involved in the child welfare system.
- **Those with the most extensive child welfare involvement were at greatest risk for JJ Detention and subsequent recidivism.**

The majority of dual system youth touched both systems at different times (53%). Nearly all dual system youth interacted with the child welfare system before entering the juvenile justice system (94%).

**FIGURE 6**  
*Dual System Pathway Breakdown*

**27% DIJH**

Dually-Involved Juvenile Justice First + a Historical Child Welfare Case

Dually-Involved Child Welfare First

**14% DICW**

**DSJJ 6%**

Dual Status Juvenile Justice First

Dual Contact Child Welfare First

**DCCW 53%**



Source: Children's Data Network (2021)

Placement Type	2013	2014	2015	2016	2017	2018	2019	2020	2021
Own/relative's home	19543	17545	15175	13342	12536	11673	9833	6860	5351
Detained in Secure County Facility (post-adjudication)	12158	10394	8580	7854	7094	6437	5355	3301	2491
Non-Secure County Facility (post-adjudication)	738	551	587	488	513	488	270	206	153
Other public facility	120	148	113	111	90	53	59	38	38
Other private facility	4156	3951	3272	2916	2818	2359	2325	1707	1082
Division of Juvenile Justice	224	241	216	183	224	317	343	206	191
Sent to "other" facilities (post-adjudication)	676	596	504	577	414	431	1031	451	317

# Placement After Adjudication

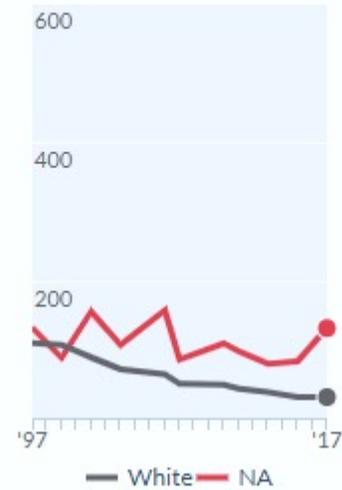
Black  
2017: 9 to 1



Latino  
2017: 2 to 1



Native American  
2017: 4 to 1



Asian  
2017: <1 to 1



Other/mixed  
2017: 0



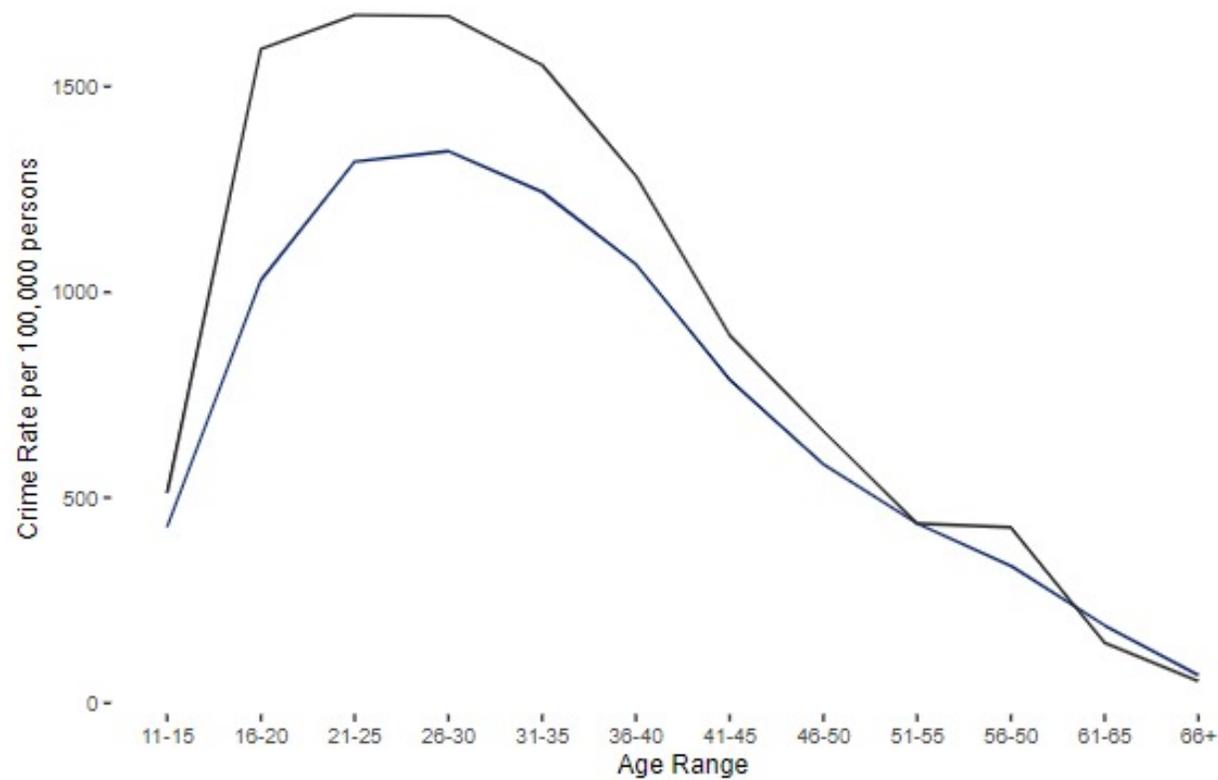
# Disparities in Youth Incarceration

# Impact of Incarceration on Youth

- Fiscal Impacts
  - Average cost per stay: \$25,000 per youth per stay
  - Average length of stay: 3 – 4 months
- Benefit of prevention:
  - Save \$2.6 to 5.3 million for one 14-year-old (Cohen & Piquero, 2007)
- Impact on Youth
  - Reduced access to school, clubs, activities
  - Disrupted social ties with family and community
  - Worse physical and mental health outcome
  - Increased recidivism
  - Reduced success in education and employment
  - Incarceration itself is a trauma

# Key Research Informing Practice



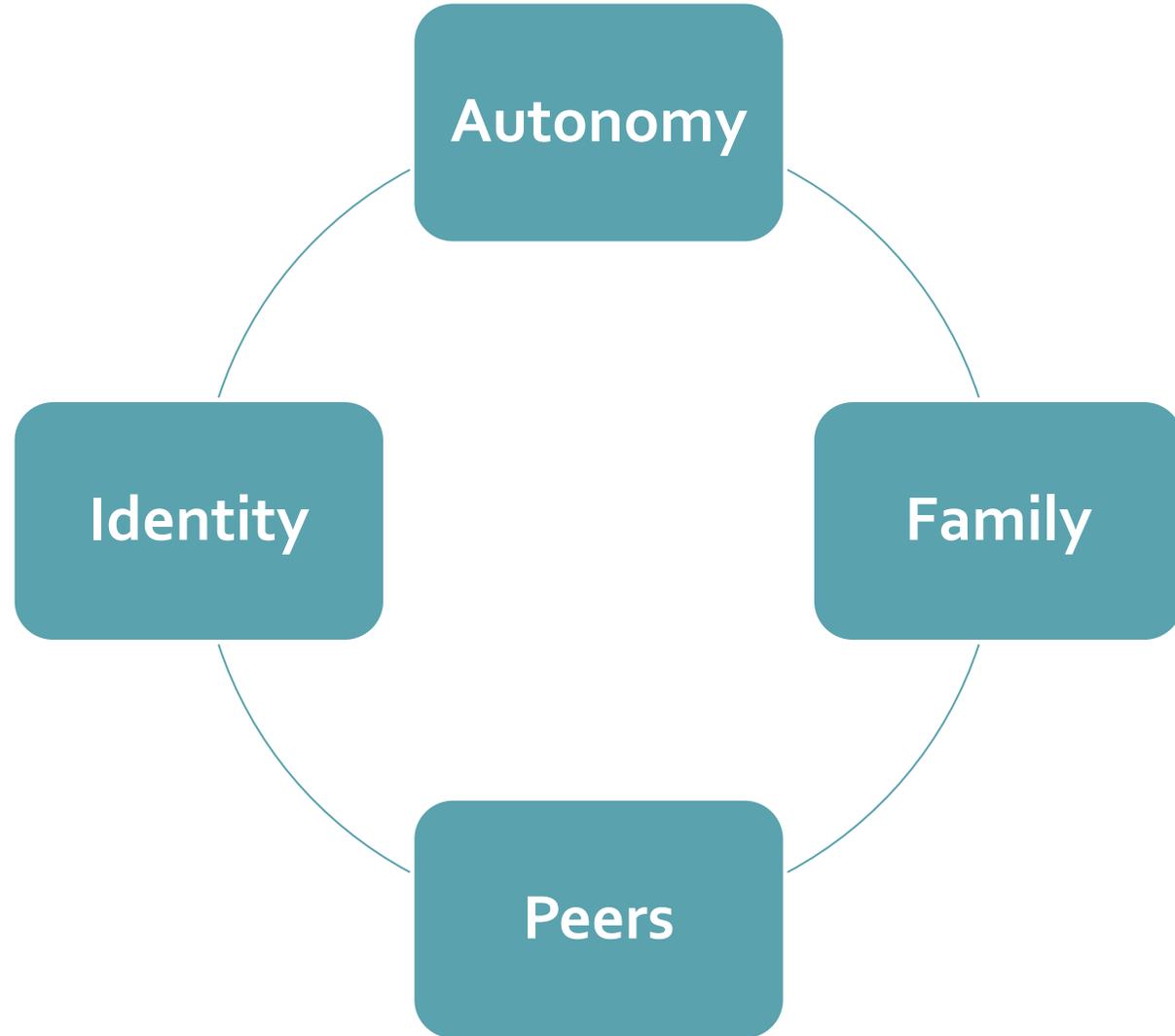


## Age Crime Curve

- Window of adolescence
- Consistent pattern over time with crime increasing into and then peaking during adolescence, then tapering off into adulthood.
- Largely thought to be explained by these developmental patterns

# Changing Social Context during Adolescence

How do these changes influence adolescents' behaviors and motivations?



# The Developmental Paradigm

**Developmental paradigm:** Adolescents are different from adults. These differences have important implications for the criminal legal system.

Some examples of key differences include:

- Behaviors
- Decision Making
- Thinking and reasoning
- Capacity for change
- Peer influence

If we understand how adolescents are different than adults...we can more effectively adapt the juvenile legal system.



## Brain Development: Understanding Differences between Adolescents and Adults

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The brain does not fully mature until adulthood (**mid-20s**). Why does this matter?

- Some areas of the brain that control aspects of thinking, feeling, and behavior are ***not fully developed for adolescents***.
- Different parts of the brain mature at different rates contributes to a “**mismatch**”
  - Parts of the brain related to **emotions, rewards, risk-taking** increase during adolescence
  - Parts of the brain related to **higher level thinking, reasoning, self-regulation** develop later
- This mismatch stabilizes into adulthood when the emotion/reward/risk processing parts of the brain slow down, and the regulating sections catch up.

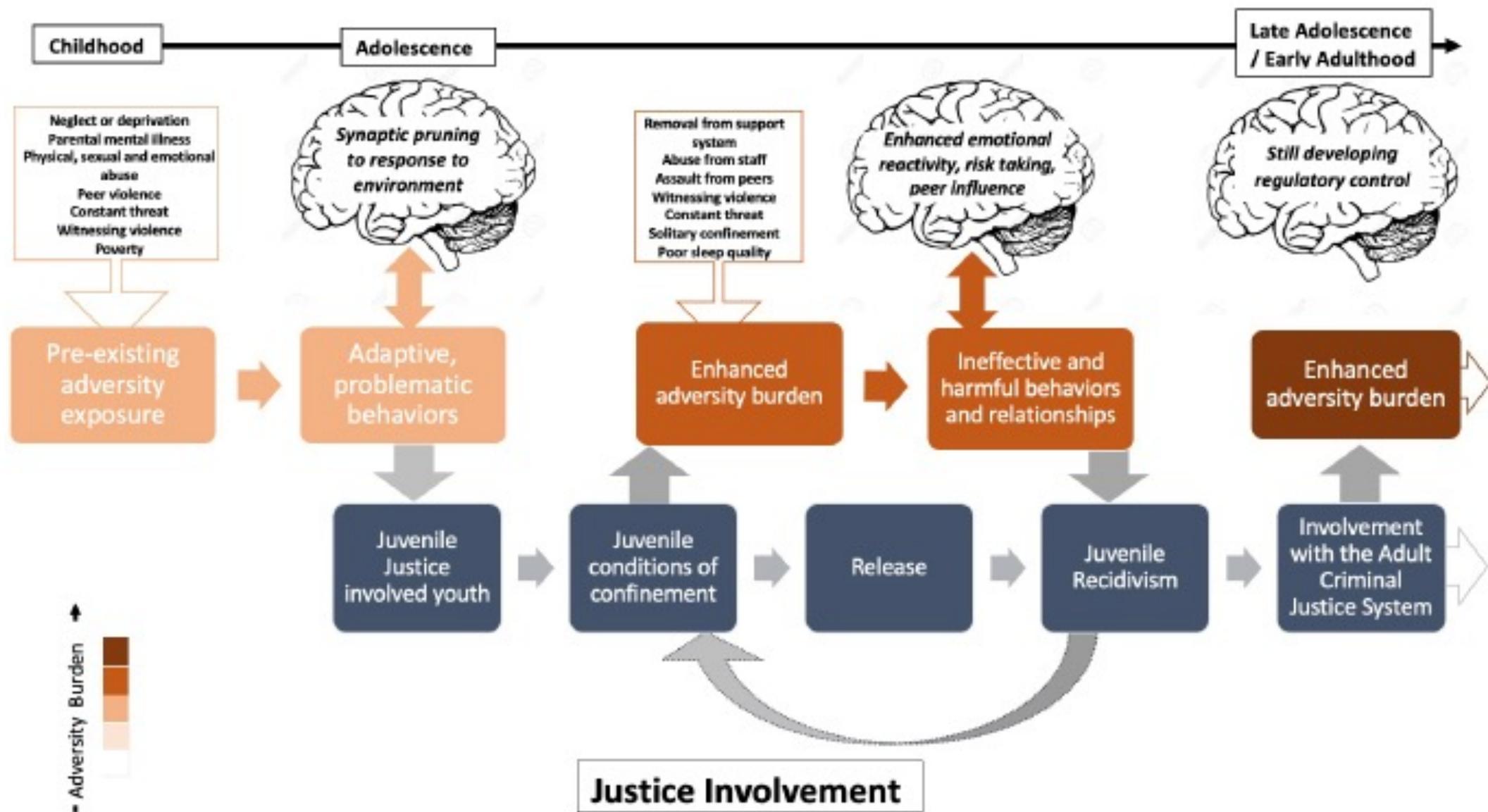


FIGURE 1

Conceptual representation of youth adversity exacerbation in the juvenile justice system (JJS).

## Other considerations relevant to court-involved youth and the developmental environment: **Social Disparities**

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Social disparities may impact how youth risk-taking manifests or is perceived...

- Neighborhood factors- exposure to violence, crime, substances, higher policing, fewer recreational and youth development opportunities
- Racial/ethnic bias- ex. Black youth often perceived as more aggressive
- Poverty-some offending driven by unmet needs
- School Pushout



## Other considerations relevant to JJ and the developmental environment: **Trauma**

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ACES (adverse childhood experiences, like abuse, neglect, community violence)

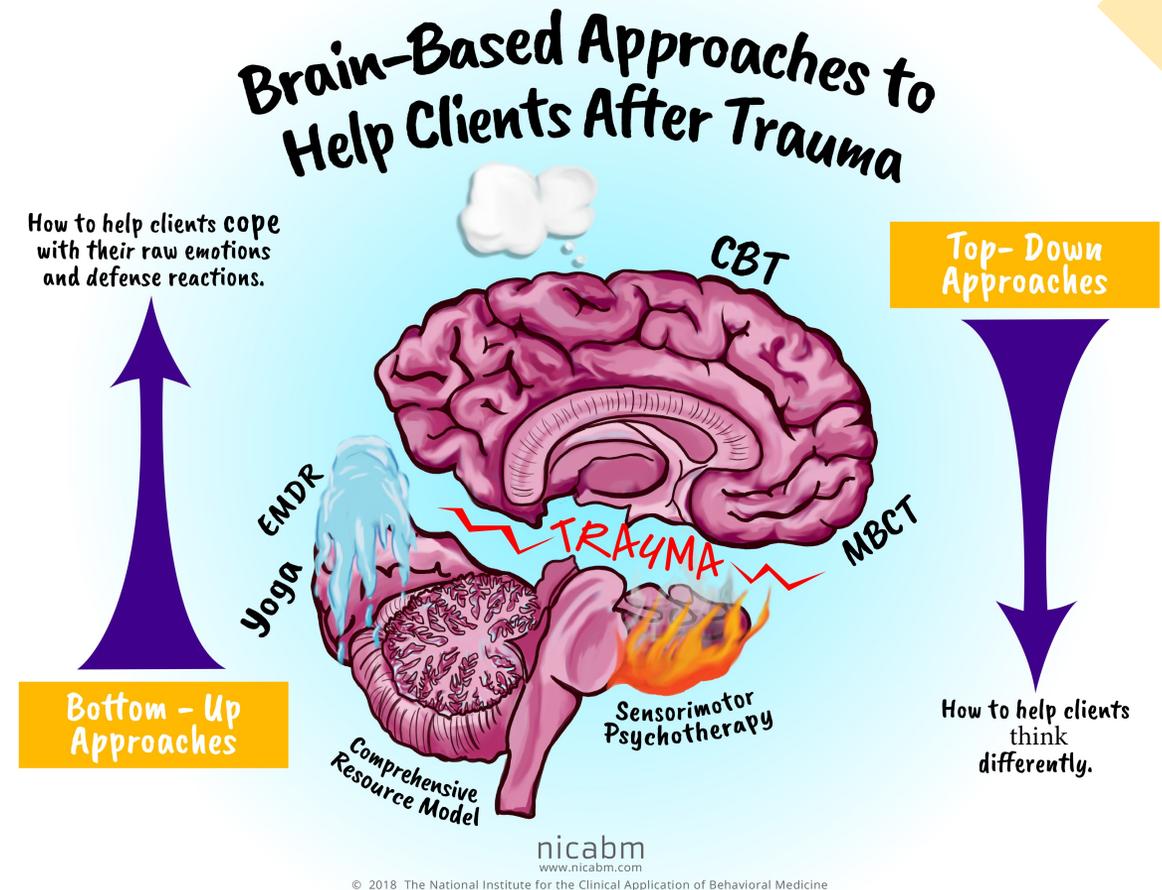
Trauma impacts development in ways that often exacerbate the “mismatch”

- **50-80%** of juvenile justice-involved youth report having experienced some form of trauma



# Effects of Trauma on the Adolescent Brain

- Chronic traumatic experiences prevent adequate development of the **prefrontal cortex** → delays decision-making capability and impulse control
- Trauma is linked to reduced gray matter volume and decline in **hippocampal** volume and increased amygdala reactivity → implication in reduced emotional regulation (Cisler and Herringa 2021)
- Parts controlling fear and anxiety grow as a protective mechanism; parts controlling logical, rational thinking shrink
- Sustained stress from trauma leads to frequent activation of stress response → elevated levels of cortisol and adrenaline → impairments in learning, memory, and the ability to regular stress responses



# Healing and Recovery Potential

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- Studies suggest the healing potential and protective properties, such as self-compassion, strong support system, promote resilience to and recovery from traumatic stress (Zeller 2015, Hauser 2010)
- To heal from trauma, the amygdala needs to be calmed so a person can turn off danger signals and realize that they are not under threat
- Stress hormones lower and the brain's alarm system recalibrates

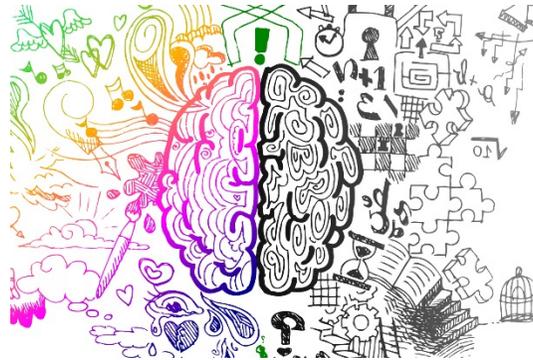


# Developmental Plasticity in Juvenile Legal Settings

- **Developmental Plasticity:** capacity for change in the brain (recall increasing self-regulation and decreasing impulsivity into adulthood...examples of plasticity!)
- *Adolescence is considered the last period of high developmental plasticity. So, it's especially important during adolescence to...*
  - Increase exposure to environments that **PROMOTE** healthy development
  - Reduce exposure to environments that **UNDERMINE** or **INTERFERE** with healthy development

FEW elements of JJ environment **PROMOTE**

- Reduced access to school, clubs, activities
- Disrupted social ties with family and community
- Limited opportunity (or consequences) for exploration, making mistakes, taking risks



MANY elements of JJ environment **INTERFERE**

- High stress
- Exposure to violence and threats
- Isolation
- Surrounded by peers who are also struggling

# Seek Least Restrictive Response

- Longer stays and more restrictive sentences do NOT lower recidivism
  - Many large-scale studies demonstrate **no link** between length of sentence and re-offending
  - In fact, longer time in placement often has negative effects (health, trauma, self-efficacy, academic achievement)
  - **Remember- developmental plasticity:**
- Minimize exposure during adolescence to environments that undermine development
  - More restrictive punishments typically means:
    - Fewer opportunities for autonomy, identity development,
    - More disruptive to social context
    - Rarely addresses root causes

# Initial Reforms Aligned with Research

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- Raise the Upper Age of Juvenile Court Jurisdiction
- Raise the Floor (lower age) of Juvenile Court Jurisdiction
- Life sentences/death penalty unconstitutional
- Trauma responsive practices
- End of Solitary Confinement & punitive practices
- **Focus on Healing rather than Punishment**



# Redesigning Youth Justice



# A new approach to support court-involved youth

- Senate Bill 823
  - Closes the Division of Juvenile Justice (DJJ) by June 30, 2023
  - Established Office of Youth and Community Restoration (OYCR)
- OYCR was created within the California Health and Human Services Agency (CalHHS)
  - Provide statewide leadership on court-involved youth through a **health-oriented, evidence-based, healing mindset** that is informed by an understanding of adolescent development.

FIRE  
CONTROL  
ROOM

# DJJ Closure

- DJJ Closes on June 30, 2023
  - ~300+ to return to counties by 6/30/23
- Local facilities will house youth up to the age of 25.
  - ~275 now in local programs
- Supervision of youth offenders after the age of 25 can occur.
- Sex Offender Registration
- Use of Juvenile Halls, Ranches, Camps
- Step Downs
- Reentry

# What is a Secure Youth Treatment Facility? (875(g))



Secure facility operated/used/accessed by the county to provide appropriate programming, treatment and education.



May be a stand-alone facility or a unit or portion of an existing facility (juvenile hall or camp/ranch).



Counties may contract with one another to use facilities.



A county may establish a SYTF to serve as a regional center to be used by other contracting counties.



BSCC, with OYCR's concurrence, is developing facility standards for SYTFs.

# What drives OYCR?

- **VISION**

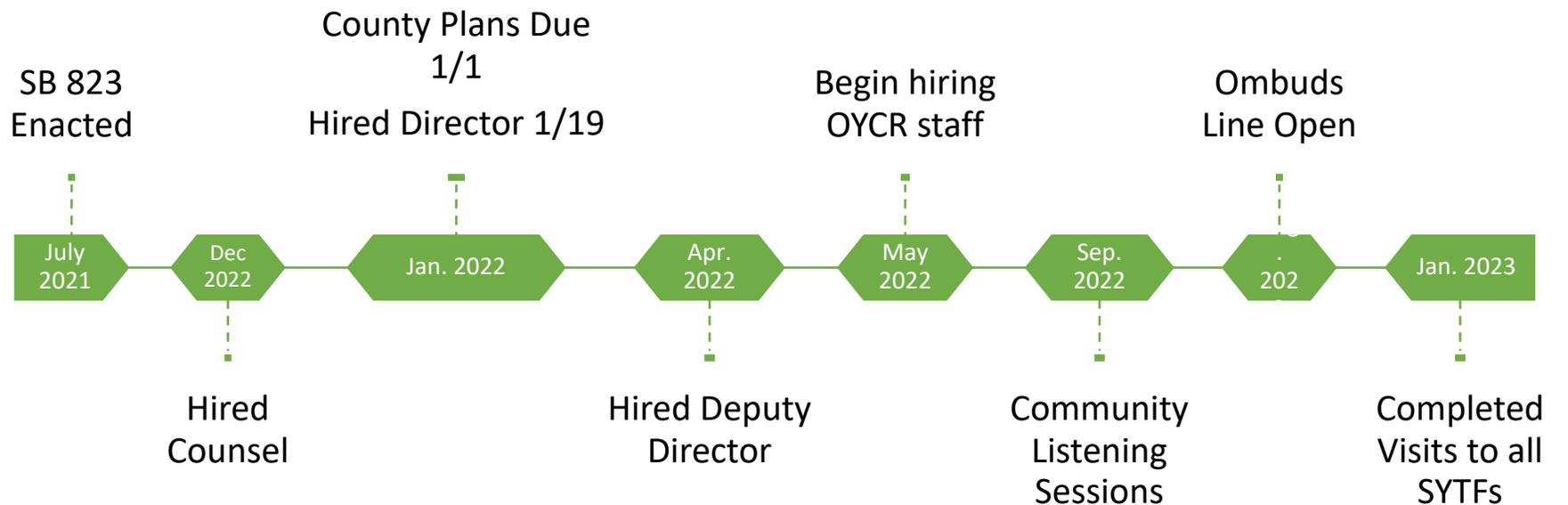
- We envision a Healthy California that enables all youth to be responsible, thriving, and engaged members of their communities.

- **MISSION**

- Promote trauma responsive, culturally informed services for youth involved in the juvenile justice system that support the youths' successful transition into adulthood.



# OYCR Implementation Timeline



# Developed and Implemented Ombudsperson Office

- Flyers and notification to all youth facilities
- Trained staff
- Designed data collection process
- Hotline activated
- Hire Ombudsperson
- Preparing annual report

## THE OMBUDSPERSON CAN HELP!

**HAVE A QUESTION OR CONCERN WITH HOW YOU ARE BEING TREATED OR THE CONDITIONS OF A JUVENILE JUSTICE FACILITY?**

**CALL THE OMBUDSPERSON!**

### WHAT IS AN OMBUDSPERSON?

A person whose job it is to help you if you are in a juvenile justice facility in California and need help to solve problems with how you are being treated.

### THE OMBUDSPERSON WILL:

- Keep the things you discuss confidential.
- Help try to solve the problem.
- Help you understand your rights.
- Answer your questions.

### THE OMBUDSPERSON CANNOT:

- Give legal advice or change court orders.
- Investigate complaints about attorneys or judges.

### THE PROCESS:

- You call or email us about a problem.
- The Ombudsperson will speak with you to get information about the problem.
- The Ombudsperson will do research and may investigate the complaint and attempt to resolve the problem.
- The Ombudsperson will follow up with you.

The Ombudsperson is an independent problem-solver responsible for investigating complaints and attempting to resolve them for the people involved. As a youth in a juvenile justice facility, you have the right to ask a question or file a complaint with the Office of Youth and Community Restoration (OYCR) Ombudsperson if your rights have been violated or ignored or you are concerned about the condition of the facility you are in. You cannot be punished or threatened for making a complaint. If you are not sure how we can help, please call.

### GET IN TOUCH!



1-844-402-1880



OYCRombuds@chhs.ca.gov



OYCR Ombudsperson  
1215 O Street  
Sacramento, CA 95814



# County Coordination Unit: Technical Assistance

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LEAD



VISITS



DIRECT TA



DATA



PRESENT



MEETINGS



# Data and Research Unit: Support and Develop Capacity of Counties



Data and Research Technical Assistance



Monthly Data/Researcher Meetings



Develop TA Guides

Ex: Data governance

Ex: Outcome tracking/performance metrics



Workgroups

Ex: Data standardization

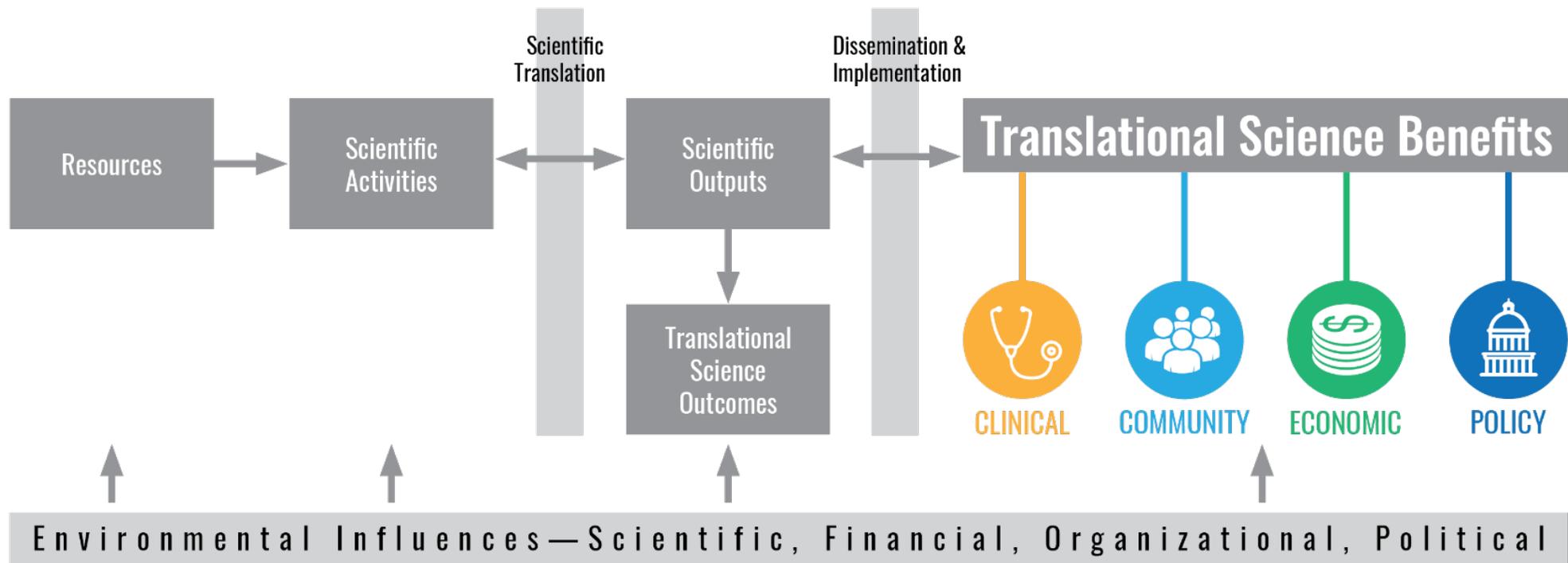
Ex: Common outcome metrics



Data and Evaluation Specific Trainings



Provide data policy leadership

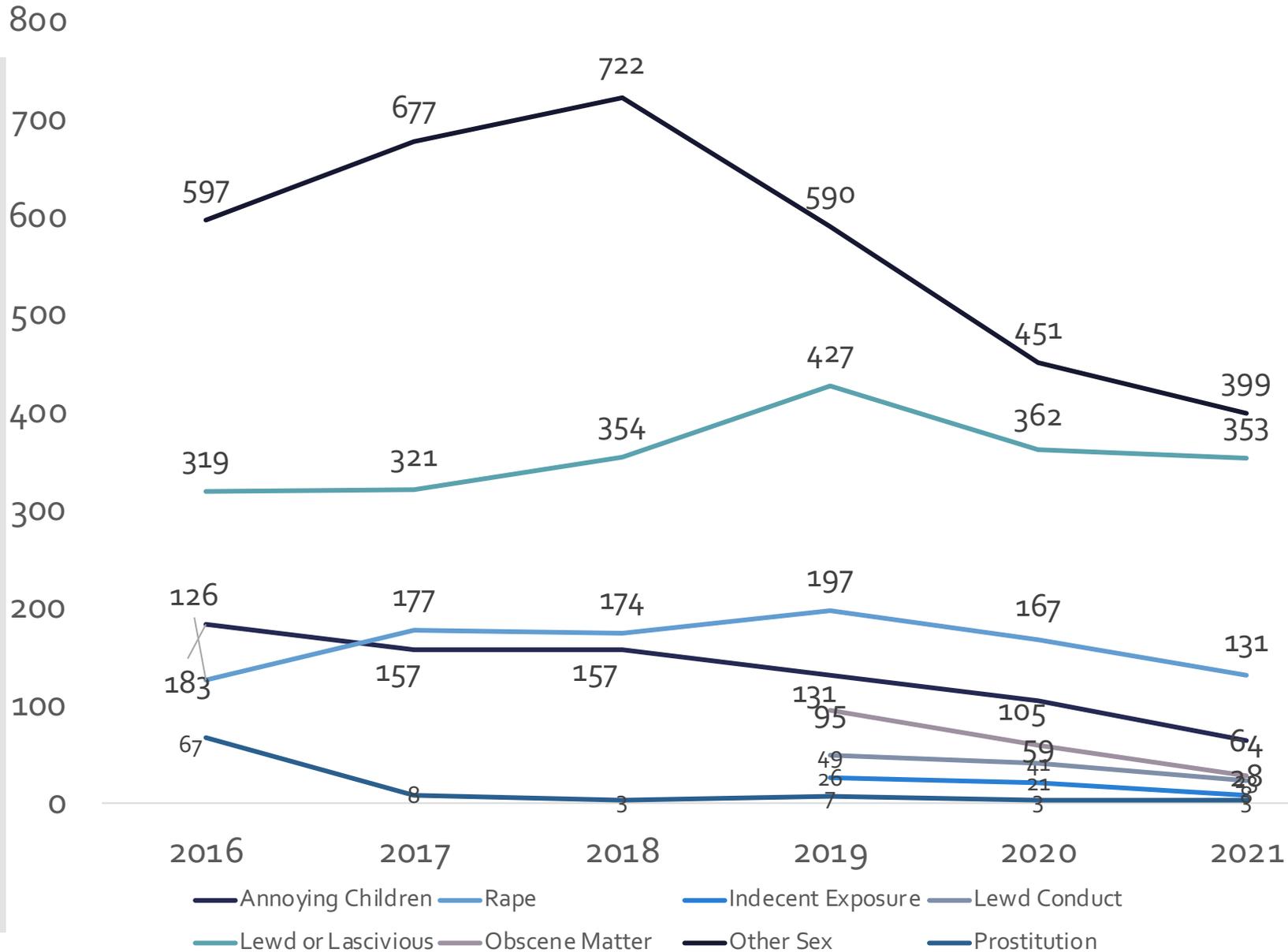


# Translational Science

Scientific evidence and community knowledge should be integrated into intervention planning.

# Immediate Challenges

- Youth who have offended sexually
- Mental health needs
- Youth transfer to adult court
- Educational needs
- Community-based resources



# Juvenile Sex Offense Referrals to Probation in California from 2016-2021\*

- \*California, Office of the Attorney General. (2021). Juvenile justice in California 2016-2021 [Series]. See <https://oag.ca.gov/cjsc/pubs#juvenileJustice>
- Data from Juvenile Court and Probation Statistical System (JCPSS) database.

# Youth Who Commit Sex Offense Violations

- Youth who have offended sexually have a low likelihood of committing a new sexual offense, with estimates as low as 2.75%
- It has been estimated that 5-8% of youth who sexually offend are females. Studies indicate that compared to males, female youth who offended sexually were likely to be younger and less likely to commit acts of rape. Female youth were more likely to be victims of sexual abuse and experienced more types of abuse. There may be higher levels of co-occurring psychiatric factors such as depression, anxiety, and suicidal behaviors.
- This population also has a high prevalence of co-occurring psychiatric conditions including Attention Deficit Hyperactivity Disorder (ADHD), family dysfunction, trauma, mood disorders, learning disorders, and substance use problems\*
- Youth who have offended sexually are often removed from their family homes. Sometimes this is because their victim(s) live in the family home. Other times it is because the youth is beyond the parents' capacity to control, there is no viable family placement, or the youth's offense(s) are particularly egregious

# Interventions for Youth Who Commit Sex Offenses

- Goal treatment is to increase the youth's level of psychosocial maturity and problem-solving, to reduce the risk of future harmful behaviors and to promote a positive and prosocial lifestyle. It is hypothesized that these different approaches likely all promote these outcomes. These include but are not limited to:
  - Cognitive behavioral therapy (CBT)
  - Strength-based interventions
  - Trauma informed care
  - Dialectic behavior therapy (DBT)
  - Brain based change and bio-feedback
  - Eye movement desensitization and reprocessing (EMDR)
  - Motivational Interviewing (MI)
  - Behavioral conditioning
  - Manualized treatment protocols emphasizing skill-building, problem-solving, and counseling methods, and includes methods to address the reduction of sexual and nonsexual recidivism.

# Interventions for Youth Who Commit Sex Offenses

- Problem sexual behavior vs predatory behavior (i.e., serial rape) or pedophilia (which has been shown to be a strong predictor of sexual recidivism) but very rare among youth cases
- Limited manualized evidence-based approaches/practices for working with these youth
  - Multisystemic Therapy – Problem Sexual Behavior (MST-PSB)
    - Intensive family- and community-based treatment
    - Expensive but Washington State Institute for Public Policy (December 2018) reports \$1.60 in measured benefits per \$1 spent in implementing MST-PSB.
  - University of Cincinnati (UCCI) Cognitive Behavioral Intervention for Sexual Offending (CBI-SO)- originally designed for adults
    - Developed in partnership with the Ohio Department of Rehabilitation and Corrections and Volunteers of America
    - Only training costs
- Very few providers
- “Based on the results, sex offender treatments for adolescents compared to adults have a larger effect in reducing recidivism. . . In addition, the most recent meta-analyses demonstrate that community-based treatments compared to institutional treatments have a larger effect in reducing recidivism\*.”

Neurodevelopment

Collaborative model

Risk-Need-Responsivity

Supervision Decisions

Placement of youth

Assessment

Treatment plan

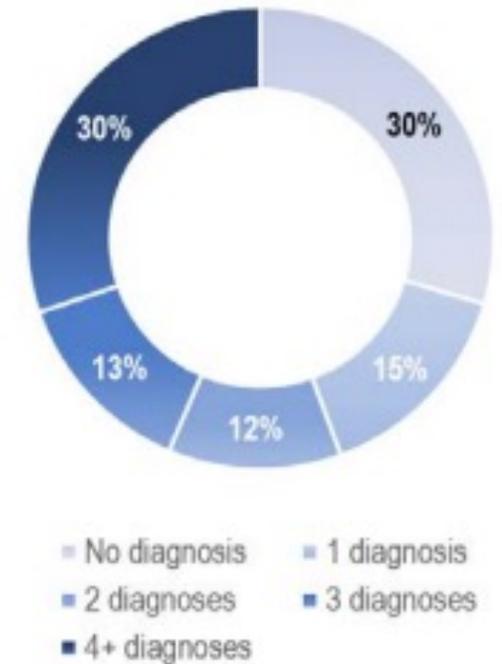
Treatment modalities

# Care of Youth Who Committed Sex Offense Violations

CASOMB's Guidelines for Treating and Supervising Youth Who Have Committed a Sexual Offense

# Youth with Mental Health Needs

- The prevalence of mental illness among youth in juvenile justice settings is much higher than in the general population
- Numerous research studies confirm that most of the youth in juvenile justice secure care settings meet the criteria for at least one mental health disorder, with as many as 7 in 10 youth in these settings living with mental illness
- Varying levels of needs but not always the continuum of care available
  - Undiagnosed
  - Workforce limitations
  - Funding restrictions
  - Bias against youth in JJ system
  - Most common diagnosis conduct, mood, anxiety, and substance use disorder
- Approximately 3 percent of the juveniles in detention had a psychotic illness, which is 10 times more than youth in community



Source: Coker et al

### Historical challenges providing **acute care** for youth in the juvenile justice system

- July of 1969, a 13-year-old patient at the Children's Unit of Napa State Hospital

### Department of Juvenile Justice (DJJ) to close by 6/30/23

- There are small number of youth at DJJ with **acute care** needs – on average 2-5 at any given time.
  - If over 18, youth can go to Department of State Hospitals
  - Under 18, most will go to the Division of Adult Institutions (DAI)
- Example case

### Compounding the issue, youth going back home communities or those youth staying local

- New challenges: resources, new population, staffing shortages, training
- Youth are being held in juvenile halls for long periods of time
- Example case

# Shortage of Acute Mental Health Care For Youth in Juvenile Justice System

# California Initiatives Related to Children's Behavioral Health

Children and Youth Behavioral Health Initiative

Behavioral Health Task Force

Behavioral Health Continuum Infrastructure Program (BHCIP)

ACES Aware Initiative (Office of the Surgeon General)

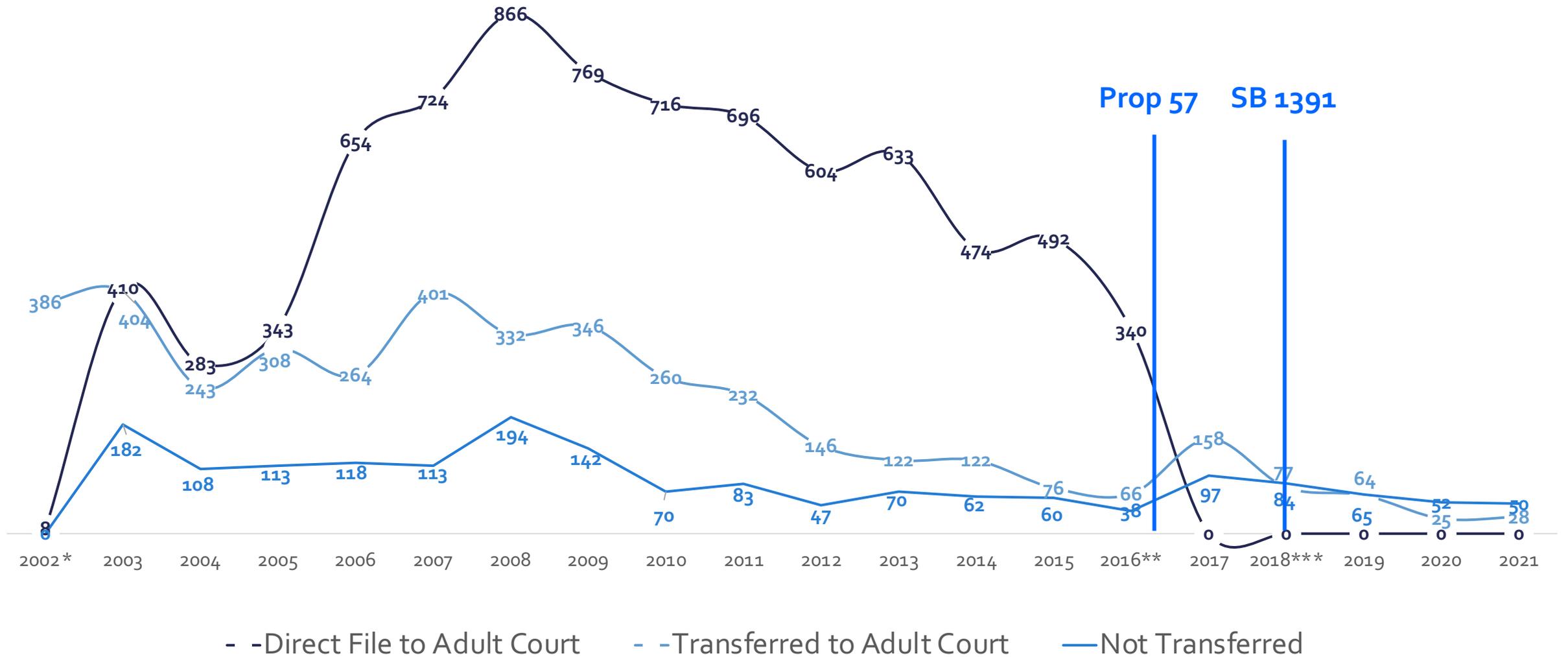
CalAIM (California Advancing and Innovating Medi-Cal)

Complex Care Steering Committee (Dept. of Social Services)

Council on Criminal Justice and Behavioral Health



# Trend of Youth Facing Adult Court



\*No info on results of fitness hearings for 2002.

\*\* Prop 57 started midyear

\*\*\*SB 1391

# Youth Transfer to Adult Court

Youth transferred to adult court at an all time low, however, there are concerns that local officials will not feel confident and local programs and start to push more kids to the adult side

It is important that the developmental research propagates throughout the juvenile justice world including service providers and people who are supporting youth going through these processes



# Reduce Transfers to Criminal Court Causes More Harm than Good

- The Centers for Disease Control has concluded:  
“[T]ransfer policies have generally resulted in increased arrest for subsequent crimes, including violent crime, among youth who were transferred compared with those retained in the juvenile justice system. To the extent that transfer policies are implemented to reduce violent or other criminal behavior, available evidence indicates that they do more harm than good.”  
(Robert Hahn et al., *Effects on Violence of Laws and Policies Facilitating the Transfer of Youth from the Juvenile to the Adult Justice System: A Report on Recommendations of the Task Force*, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, at p. 9 (Nov. 30, 2007).)

# Education Needs for Juvenile Justice Youth

- School to Prison Pipeline
- Some estimate that as many as 70 percent of youth in the justice system have learning disabilities
- ~30% are English learners at DJJ
- Many youth do not return to school after release from secure custody
  - substandard education while incarcerated;
  - issues with correctional educational curricula aligned with state standards, which can result in credits not transferring or being accepted by the home school district;
  - significant delays in the transfer of youth's educational records and credits from the court school to their community school upon release; and
  - barriers some schools and states have enacted to prevent youth from re-enrolling in school.
- Youth graduating but can not meet state standards for reading and math

**Education is the  
most powerful  
tool we can use  
to change the  
world.**

Nelson Mandela





# Understanding the Potential of Students with Juvenile Justice Experience

College material

Leaders on campus and in the community

Academically successful, curious, and insightful

# California Initiatives Related to Education for Youth in the Juvenile Justice System

\$15 Million in on-going funding invested in Rising Scholars Network at the CA Community College Chancellor's Office

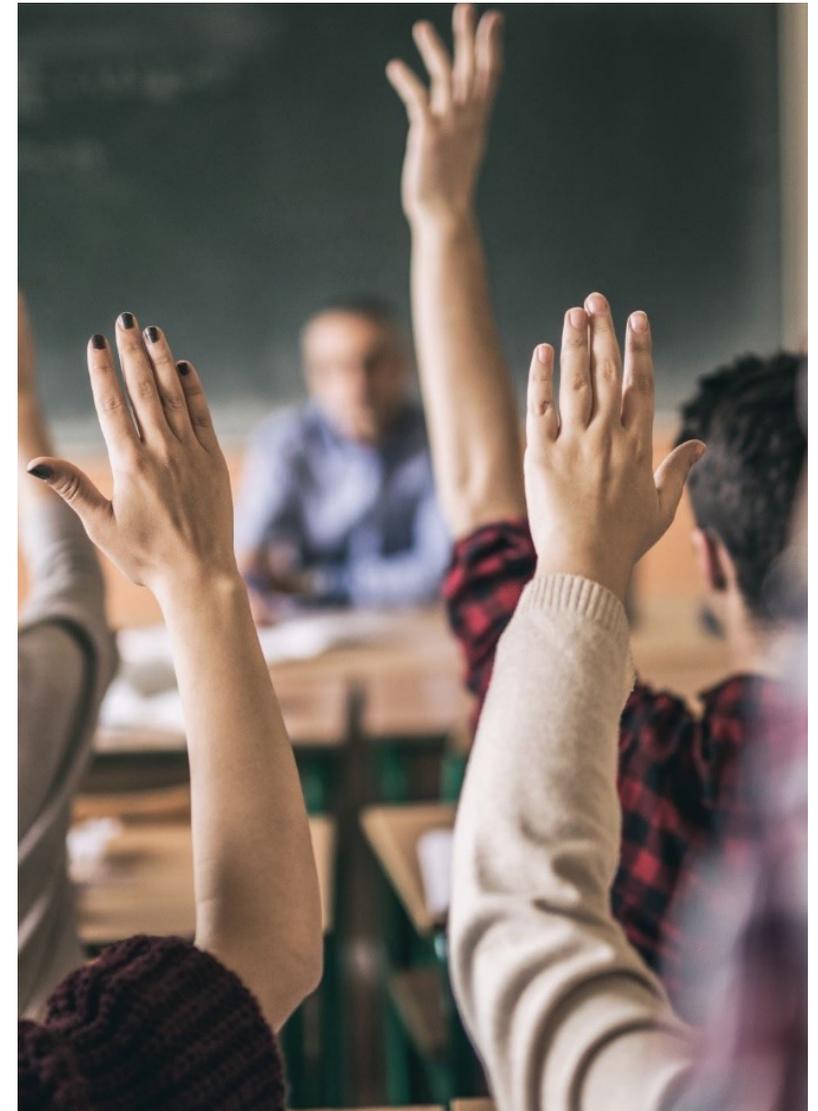
Movement for Alternatives to Incarceration

SB 823 DJJ Realignment

Dual Enrollment Legislation: AB 102

College Access Legislation: SB 716

Unique Opportunity for Engaging Justice-Impacted Youth in Higher Education



# Alternatives to Confinement Work

- Community alternatives to confinement exist and have shown equal or better outcomes at lower cost
  - Examples: mentoring and credible messengers, family-focused therapy, wrap-around programs
- Confinement is not necessary to achieve healing and accountability, and likely impedes healing processes
- Confinement does not necessarily improve public safety. Strengthening youth, families, and communities improves public safety.



# Purpose of Step-Home Model

To optimize **healing** and **accountability** of youth with serious offenses by providing robust, developmentally aligned, trauma-informed, therapeutic care that strengthens youth, families, and communities.

Prioritizes service delivery at home post-adjudication whenever possible, rather than out-of-home placement. Detention and reentry services are also enhanced.

# Elements of Step-Home Model



Trauma-Responsive and  
Therapeutic



Strength Based

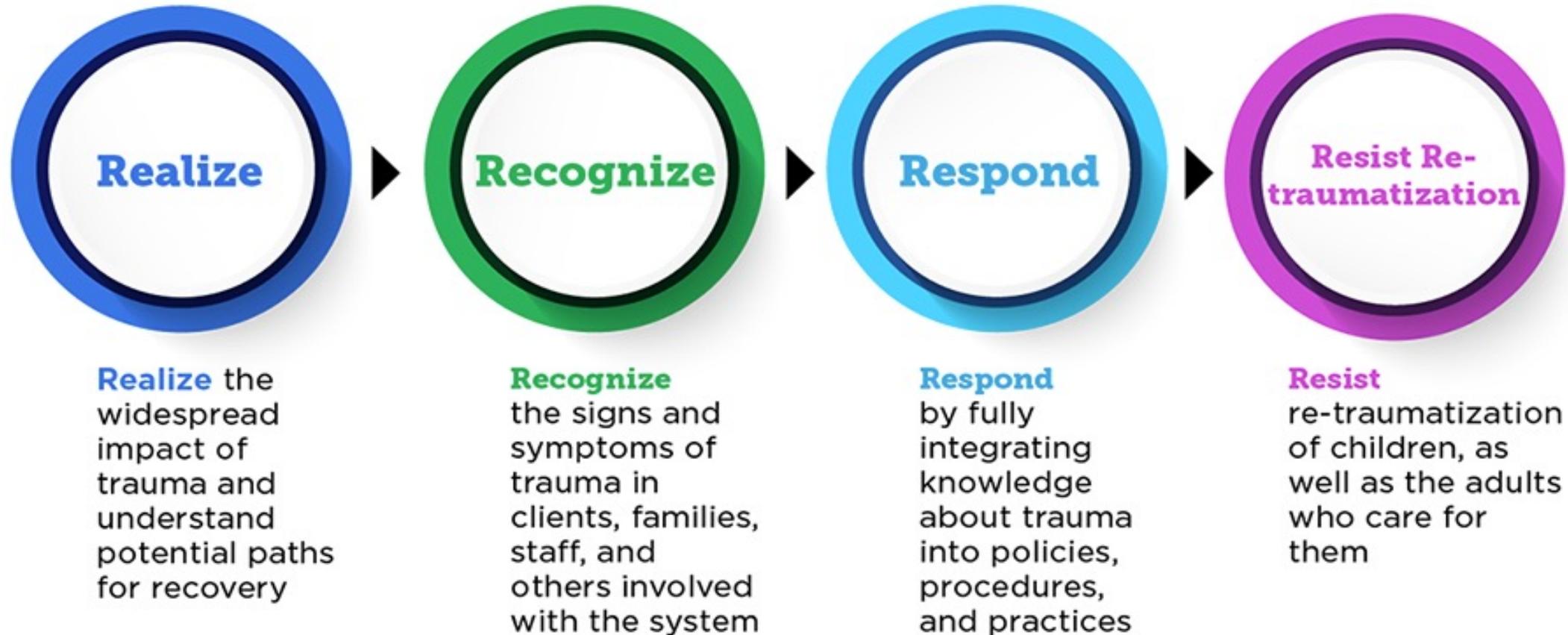


Developmentally  
Aligned



Home-based

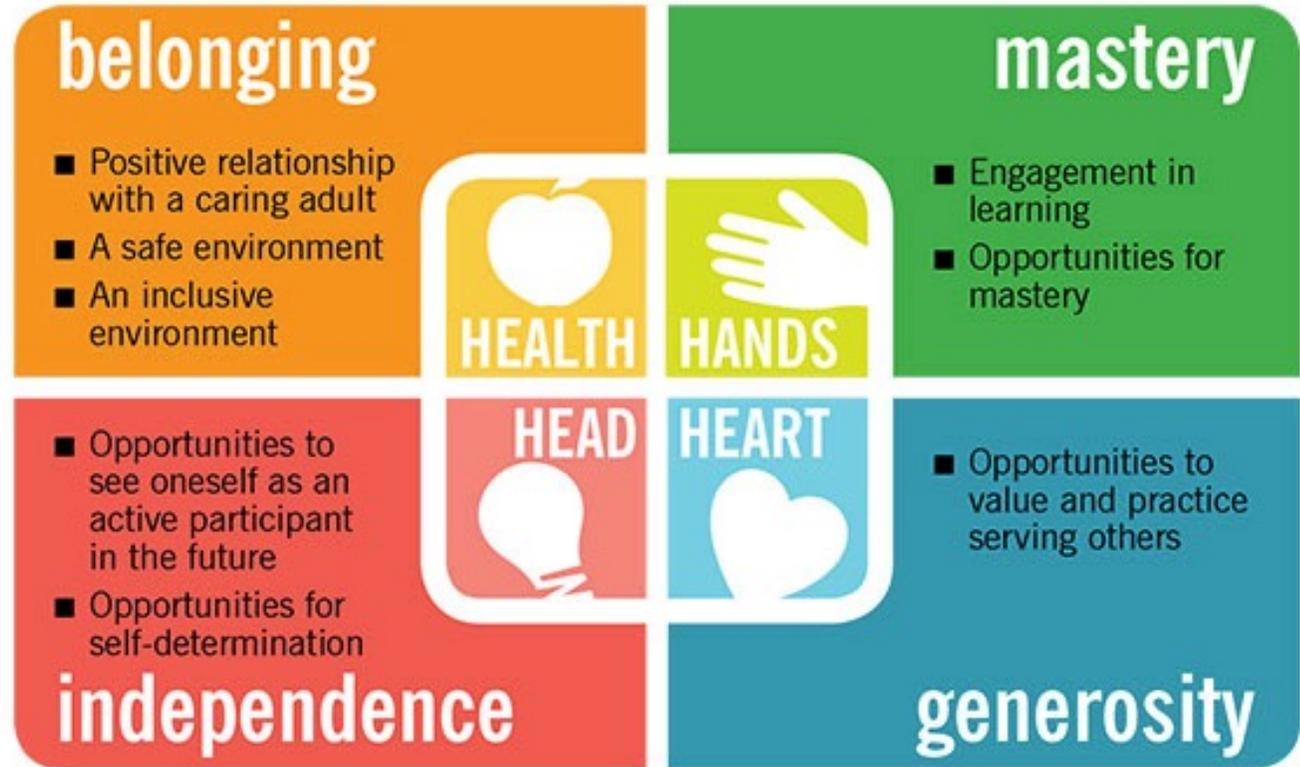
# The Four Rs of Trauma-Responsive Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

# Positive Youth Development to Build Assets in Youth, Families, and Communities

essential  
elements



# Developmentally Aligned

Developmentally aligned = methods that promote optimal development and meeting youth where they are. Best practices based on knowledge of how youth develop and mature.



For step-home: Keeping youth at home or close to home and supporting youth with providers and programs attuned to young people is key.

# STEP-HOME MODEL

The **Step-Home Model** promotes healing and accountability of youth with serious charges by providing robust, developmentally-aligned, trauma-informed, therapeutic, strength-based care that supports youth in succeeding at 'home' or as close to home as possible.

**Home and Community Healing Plan** gives youth, families, and communities the opportunity to thrive. Although the model focuses on youth with serious charges, all youth adjudicated to out of home placement would likely benefit from the principles put forth by the model.

Youth receives serious charge



**Youth Detention Facility**

Prompt adjudication



**Adjudication**

- Diversion
- Dismissal
- Placement

**Guiding Principle:** Home with robust supports is the default response. All youth who can safely achieve goals of healing and accountability at least as well at home, if not better, should be placed at home.



**'Home'**

**Wrap-around Reentry Supports**

Earned days in the community

**Out of Home Placement**

Cottage

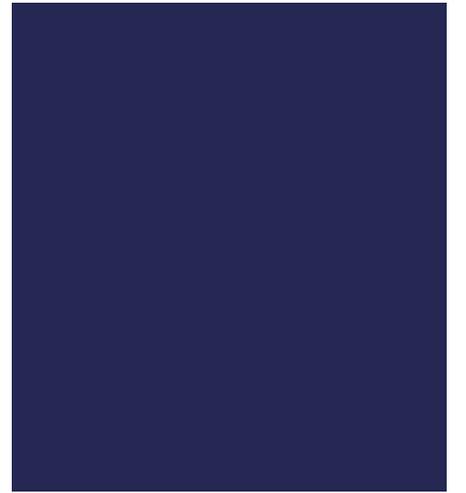
Ranch

Secure Youth Treatment Facility

Last resort, developmentally-aligned, trauma-informed, therapeutic

Step-Home Model must act at every step of the way

# THE OPPORTUNITY OF THIS MOMENT





Age-appropriate treatment



Closer to home



Trauma responsive approaches



Education is key

# Summary

Any  
questions?



Judge Katherine Lucero (ret.)  
Director, OYCR  
[Katherine.Lucero@chhs.ca.gov](mailto:Katherine.Lucero@chhs.ca.gov)

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